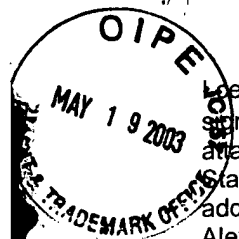


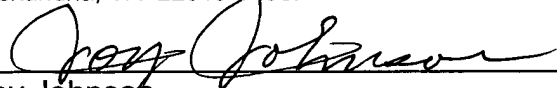
3622

PATENT

Docket No. 21178-13



I certify that on May 15, 2003, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Joy Johnson

APPROVED

#6
ndw

Applicant: Jamie Ader
Serial No.: 09/920,514
Filed: August 1, 2001
Title: System and Method of advertiser-subsidized customizable ordering and delivery of multimedia products
Group Art Unit: Unknown
Examiner: Unknown

ndw
6-17-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

JUN 04 2003

GROUP 3600

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST TO WITHDRAW [37 C.F.R. § 10.40(c)]

1. I respectfully request permission to withdraw from all further responsibility in this case in accordance with 37 C.F.R. § 1.36.

2. The basis for the request for withdrawal are:

Client owes this firm over \$20,000 which has been unpaid for almost two years despite repeated promises to pay. No action is pending and the client has been notified of this request for withdrawal. Upon approval of this request, the application file will be returned to the client.

3. Change the correspondence address and direct all future correspondence to:

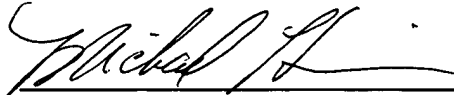
Jamie Ader
1024 12th Street #1
Santa Monica, CA 90403
Telephone: (310) 451-8722

4. In accordance with 37 C.F.R. § 10.40(a), I am sending a copy of this request, including attachments, to the client.

5. This request is enclosed in triplicate.

6. By the signature of the undersigned, he or she seeks withdrawal of himself or herself and all other attorneys listed on the originally filed Power of Attorney.

May 15, 2003



Michael D. Harris, Reg. No. 26,690
Attorneys for Applicant

OPPENHEIMER WOLFF & DONNELLY LLP
2029 Century Park East, 38th Floor
Los Angeles, California 90067-5010
(310) 788-5000 (voice) • (310) 788-5100 (fax)